

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

10/19/2012

Document Number:

400337524

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>66571</u>	Contact Person: <u>Christina Pierce</u>
Company Name: <u>OXY USA WTP LP</u>	Phone: <u>(970) 263-3600</u>
Address: <u>P O BOX 27757</u>	Fax: <u>(970) 263-3698</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>	Email: <u>Christina_Pierce@oxy.com</u>
API #: <u>05 - 045 - 20959 - 00</u>	Facility ID: _____ Location ID: _____
Facility Name: <u>Cascade Creek 697-05-76B</u>	
Sec: <u>8</u> Twp: <u>6S</u> Range: <u>97W</u> QtrQtr: <u>NENW</u>	Lat: <u>39.543660</u> Long: <u>-108.246400</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 10/23/2012 Time: 08:00 (HH:MM)

Estimated first date of flow back November 8, 2012

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: <u>Christina Pierce</u>	Email: <u>Christina_Pierce@oxy.com</u>
Signature: <u>Christina Pierce</u>	Title: <u>Engineering Tech</u> Date: <u>10/19/2012</u>